

ORDER FOR SUPPLIES OR SERVICES										Page 1 Of 5	
1. Contract/Purch Order/Agreement No.  DAAE20-97-D-0023			2. Delivery Order/Call No.  0101		3. Date Of Order/Call (YYYYMMDD)  2002SEP24		4. Requisition/Purch Request No.  SEE SCHEDULE			5. Priority  DOA5	
6. Issued By TACOM-ROCK ISLAND AMSTA-LC-CT JUDY PAGLIARO (309)782-5086 ROCK ISLAND IL 61299-7630  EMAIL: PAGLIAROJ@RIA.ARMY.MIL				Code W52H09	7. Administered By (If other than 6) PR TACOM-RI ATTN FIN AND ACCT OFC ROCK ISLAND IL 61299-6000				Code W52H09	8. Delivery FOB  <input type="checkbox"/> Destination <input checked="" type="checkbox"/> Other  (See Schedule if other)	
9. Contractor  Name and Address • TDF CORPORATION ROCK ISLAND ARSENAL BLDG 110, NE CORNER, GROUND FLOOR P O BOX 5164 ROCK ISLAND IL 61299-5001 • TYPE BUSINESS: Small Disadvantaged Business Performing in U.S.			Code OPL65	Facility	10. Deliver To FOB Point By (Date) (YYYYMMDD)  SEE SCHEDULE			11. X If Business Is  <input type="checkbox"/> Small <input type="checkbox"/> Small Disadvantaged <input checked="" type="checkbox"/> Woman-Owned			
12. Discount Terms  Net 30 Days			13. Mail Invoices To the Address in Block See Block 15								
14. Ship To SEE SCHEDULE			Code	15. Payment Will Be Made By DFAS ST LOUIS ATT DFAS-SL-FPV 4300 GOODFELLOW BLVD BLDG 110 PO BOX 200009 ST LOUIS MO 63120-0009				Code HQ0304	Mark all Packages and Papers with Identification Numbers in Blocks 1 and 2		
16. Type of Order	Delivery/Call	X	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.								
Purchase	Reference your <input type="checkbox"/> Oral; <input type="checkbox"/> Written Quotation, Dated _____, furnish the following on terms specified herein.										
Acceptance. The Contractor Hereby Accepts The Offer Represented By The Numbered Purchase Order As It May Previously Have Been Or Is Now Modified, Subject To All Of The Terms And Conditions Set Forth, And Agrees To Perform The Same.											
Name Of Contractor			Signature			Typed Name And Title			Date Signed (YYYYMMDD)		
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:											
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE											
18. Item No.	19. Schedule Of Supplies/Service SEE SCHEDULE CONTRACT TYPE: Labor-Hour			20. Quantity Ordered/Accepted*	21. Unit	22. Unit Price		23. Amount			
	KIND OF CONTRACT: Service Contracts										
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. United States Of America  By: HOWARD LEWIS /SIGNED/ LEWISH@RIA.ARMY.MIL (309)782-3506				25. Total	\$35,000.00		
26. Quantity In Column 20 Has Been				27. Ship. No.		28. D.O. Voucher No.		29. Differences			
<input type="checkbox"/> Inspected <input type="checkbox"/> Received <input type="checkbox"/> Accepted And Conforms To Contract Except As Noted  _____ Date   _____ Signature Of Authorized Govt Representative				<input type="checkbox"/> Partial <input type="checkbox"/> Final 31. Payment  <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final		32. Paid By		33. Amount Verified Correct For			
36. I certify this account is correct and proper for payment  _____ Date   _____ Signature And Title Of Certifying Officer								34. Check Number			
								35. Bill Of Lading No.			
37. Received At	38. Received By	39. Date Received	40. Total Containers	41. S/R Account Number		42. S/R Voucher No.					

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Name of Offeror or Contractor: TDF CORPORATION			

SUPPLEMENTAL INFORMATION

AEPS MIPR Billing Overlay

This task order 0101 establishes CLIN 0108 to incorporate scope of work for AEPS MIPR Billing Overlay. The not-to-exceed ceilings for labor categories, hours, and amounts are as follows:

PM	60 hours	\$4,462.20
I3	275 hours	\$15,097.50
I2	235 hours	\$10,908.70
SSA	99 hours	\$4,518.36
Travel		<u>\$13.24</u>
		\$35,000.00

The performance completion date is 30 Dec 02.

\*\*\* END OF NARRATIVE A 001 \*\*\*

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**Name of Offeror or Contractor:** TDF CORPORATION

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT					
	SUPPLIES OR SERVICES AND PRICES/COSTS									
0108	<u>Supplies or Services and Prices/Costs</u>									
0108AA	<u>SERVICES LINE ITEM</u>				\$ 35,000.00					
	NOUN: MIPR BILLING OVERLAY SECURITY CLASS: Unclassified PRON: M129R056M1 PRON AMD: 01 ACRN: AA AMS CD: SMC40202000  <u>Inspection and Acceptance</u> INSPECTION: Destination ACCEPTANCE: Destination  <u>Deliveries or Performance</u> DLVR SCH PERF COMPL <table><tr><td><u>REL CD</u></td><td><u>QUANTITY</u></td><td><u>DATE</u></td></tr><tr><td>001</td><td>0</td><td>30-DEC-2002</td></tr></table> \$ 35,000.00	<u>REL CD</u>	<u>QUANTITY</u>	<u>DATE</u>	001	0	30-DEC-2002			
<u>REL CD</u>	<u>QUANTITY</u>	<u>DATE</u>								
001	0	30-DEC-2002								

SERVICE						ACCOUNTING	OBLIGATED
<u>NAME</u>	<u>TOTAL BY ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>				<u>STATION</u>	<u>AMOUNT</u>
Army	AA	97	X4930AC5GX6D6D02PSMC402252G	S11116		W52H09	\$ 35,000.00
						TOTAL	\$ 35,000.00

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LIST OF ATTACHMENTS

<u>List of</u> <u>Addenda</u>	<u>Title</u>	<u>Date</u>	<u>Number</u> <u>of Pages</u>	<u>Transmitted By</u>
Attachment 001	SCOPE OF WORK FOR AEPS MIPR BILLING OVERLAY	17-SEP-2002	007	